

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 5, 1986

ALL COUNTY LETTER NO: 86-123

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: PROPOSED REGULATIONS REGARDING DETERMINATION OF  
CARETAKER RELATIVE AND CONTINUED ABSENCE AS A BASIS  
OF DEPRIVATION - AFDC and RDP

REFERENCE: MPP 41-450 - Continued Absence  
MPP 44-203 - Caretaker Relative  
ACIN I-41-86 (Please note: This ACIN is not  
applicable to RCA, as previously  
referenced)

ACIN I-41-86 informed you that the Department was developing regulations to implement policy decisions regarding case situations in which two adults equally share care and control of an eligible child and the child lives alternately with each adult. The final approval was delayed and the regulations did not become effective on October 1, 1986, as originally anticipated. It is now anticipated that the regulations will be effective on or before January 1, 1987. You will be routinely notified upon the final approval of the regulations.

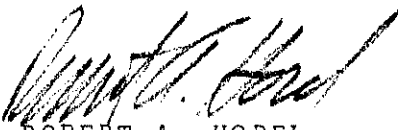
This letter transmits a reproducible copy of the "Caretaker Relative Agreement", which must be used when the two adults have agreed to designate one or the other as the caretaker relative for purposes of AFDC, pursuant to proposed MPP Section 44-203.115 c.(3)(C). Counties should keep in mind the regulations regarding confidentiality in implementing this procedure. A copy of the completed form should be given to each adult.

Failure of the adults to complete this form is not a basis for denial or discontinuance. If the adults cannot reach agreement on designation of a caretaker relative, this section is inapplicable and proposed MPP Section 44-203.115 c.(3)(D) applies. If, at some time after a designation is made, one of the adults wishes to cancel the agreement, he/she may do so, but the adult originally designated would remain the caretaker

relative, pursuant to proposed MPP Section 44-203.115 c.(2), which provides that the adult receiving aid shall be the caretaker relative. Thus, there is no substantive change to the arrangement as a result of cancelling the agreement, unless actual circumstances change.

This is a required form, substitute permitted with state approval, and will not be stocked due to anticipated low usage.

Please contact Ms. Lynne Reich or Mr. Henry Puga of the AFDC and Food Stamp Policy Implementation Bureau at (916) 322-5330 or ATSS 492-5330 with any questions you may have.



ROBERT A. HOREL  
Deputy Director

Enclosure

COUNTY OF \_\_\_\_\_

## CARETAKER RELATIVE AGREEMENT

The County will use this agreement to decide which adult can get cash aid with the children. This agreement is not meant to change any other custody agreement you have for the children.

We understand that only one Caretaker Relative can get cash aid along with the children.

We agree that \_\_\_\_\_ is the person who provides the care and control and is the Caretaker Relative for the following children:

NAME _____	/	DATE OF BIRTH _____	NAME _____	/	DATE OF BIRTH _____
NAME _____	/	DATE OF BIRTH _____	NAME _____	/	DATE OF BIRTH _____
NAME _____	/	DATE OF BIRTH _____	NAME _____	/	DATE OF BIRTH _____

SIGNATURE OR MARK OF APPLICANT	DATE	PRINT NAME IN FULL	
SIGNATURE OR MARK OF APPLICANT	DATE	PRINT NAME IN FULL	
SIGNATURE OF WITNESS TO MARK(S)		DATE	

### COUNTY USE ONLY

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

This agreement is to be used only when a caretaker relative is to be chosen under MPP 44-203.115c (3) (C).